

**DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HEALTH AND RECOVERY SERVICES ADMINISTRATION
Olympia, Washington**

To: Pharmacists
All Prescribers
Nursing Home Administrators
Managed Care Organizations

Memorandum No: 06-32
Issued: May 31, 2006

From: Douglas Porter, Assistant Secretary
Health and Recovery Services
Administration (HRSA)

**For information, contact Provider
Relations at:** 800.562.3022 or
<http://maa.dshs.wa.gov/contact/prucontact.asp>
or visit the pharmacy web site at:
<http://maa.dshs.wa.gov/pharmacy>

**Subject: Prescription Drug Program: Washington Preferred Drug List and Expedited
Prior Authorization Changes**

Effective for claims with dates of service on and after July 1, 2006, unless otherwise noted, HRSA will implement the following changes to the Prescription Drug Program:

- Additions to the Washington Preferred Drug List (PDL);
- Changes to the Washington PDL retroactive to dates of service on and after April 1, 2006;
- Additions to Expedited Prior Authorization (EPA) codes and criteria;
- The removal of an EPA code; and
- A change in the criteria for an EPA code.

Therapeutic Drug Class Additions to the Washington Preferred Drug List (PDL)

Therapeutic Drug Class	Preferred Drugs	Non-preferred Drugs
Antiemetics	Generic: Brand: Zofran [®] /ODT [®] (<i>ondansetron</i>)* tablet/solution/injection/IV *EPA required	Generic: Brand: Aloxi [®] (<i>palonosetron</i>) Injection* Anzemet [®] (<i>dolasetron</i>) tablet/injection* Kytril [®] (<i>granisetron</i>) tablet/solution/ injection* *EPA required

Therapeutic Drug Class	Preferred Drugs	Non-preferred Drugs
Targeted Immune Modulators	Generic: Brand: Enbrel [®] (<i>etanercept</i>)* Remicade [®] (<i>infliximab</i>)* *EPA required	Generic: Brand: Humira [®] (<i>adalimumab</i>)* Kineret [®] (<i>anakinra</i>)* Raptiva [®] (<i>efalizumab</i>)* *EPA required

Changes to the Washington PDL Retroactive to Dates of Service on and After April 1, 2006

Therapeutic Drug Class	Preferred Drugs	Non-preferred Drugs
Attention Deficit/Hyperactivity Disorder (*Not subject to TIP. See pg. M.1.)	Generic: amphetamine salt combo dextroamphetamine dextroamphetamine SA methylphenidate methylphenidate SA Methylin [®] (<i>methylphenidate</i>) Brand: Adderall XR [®] (<i>amphet asp/amphet/d-amphet</i>) Concerta [®] (<i>methylphenidate</i>) Focalin [®] (<i>dexmethylphenidate</i>) Focalin XR [®] (<i>dexmethylphenidate</i>) Metadate CD [®] (<i>methylphenidate</i>) Ritalin LA [®] (<i>methylphenidate</i>) Strattera [®] (<i>atomoxetine hcl</i>)	Generic: pemoline Brand: Adderall [®] (<i>amphet asp/amphet/d-amphet</i>) Dexedrine [®] (<i>d-amphetamine</i>) Dexedrine SA [®] (<i>d-amphetamine</i>) Dextrostat [®] (<i>d-amphetamine</i>) Metadate ER [®] (<i>methylphenidate</i>) Methylin [®] (<i>methylphenidate</i>) chewable/solution Methylin ER [®] (<i>methylphenidate</i>) Ritalin [®] (<i>methylphenidate</i>) Ritalin SR [®] (<i>methylphenidate</i>)

Expedited Prior Authorization (EPA) Changes

Effective the week of July 1, 2006:

EPA Code Removed:

Drug	Code	Criteria
Remicade Injection® (<i>infliximab</i>)	022	Treatment of rheumatoid arthritis in combination with methotrexate when prescribed by a rheumatologist in those patients who have had an inadequate response to methotrexate alone.

New EPA Codes and Criteria:

Drug	Code	Criteria
Aloxi® Injection (<i>palonosetron</i>)	129	Administered as a single dose in conjunction with cancer chemotherapy treatment.
Amitiza® (<i>lubiprostone</i>)	007	Treatment of chronic constipation. Must have tried and failed a less costly alternative.
Humira® (<i>adalimumab</i>)	026	Treatment of psoriatic arthritis when prescribed by a rheumatologist or dermatologist for patients who have tried and failed one or more DMARD. Dose not to exceed 40mg subcutaneously every 2 weeks if patient is also receiving methotrexate, or up to 40mg subcutaneously every week if patient is not receiving methotrexate concomitantly.
Raptiva® (<i>efalizumab</i>)	027	Treatment of plaque psoriasis when prescribed by a dermatologist for patients 18 years or older. Weekly dose is not to exceed 200mg subcutaneously.

Change in Criteria for EPA Code:

Drug	Code	Criteria
Remicade Injection® (<i>infliximab</i>)	023	Treatment of Crohn's disease or ulcerative colitis when prescribed by a gastroenterologist in those patients who have tried and failed conventional therapy. Maximum dose is 10mg/kg given every 4 weeks.

Billing Instructions Replacement Pages

Attached are replacement pages H.7-H.8, H.11-H.12, H.15-H.16, and N.1-N.12 for HRSA's *Prescription Drug Program Billing Instructions*.

How do I conduct business electronically with HRSA?

You may conduct business electronically with HRSA by accessing WaMedWeb at <https://wamedweb.acs-inc.com>.

How can I get HRSA's provider issuances?

To obtain HRSA's provider numbered memoranda and billing instructions, go to HRSA's website at <http://maa.dshs.wa.gov> (click on the ***Billing Instructions/Numbered Memoranda*** or ***Provider Publications/Fee Schedules*** link).

To request a free paper copy from the Department of Printing:


1. **Go to:** www.prt.wa.gov (Orders filled daily.)
 - a) Click ***General Store***.
 - b) If a **Security Alert** screen is displayed, click **OK**.
 - i. Select either ***I'm New*** or ***Been Here***.
 - ii. If new, fill out the registration and click ***Register***.
 - iii. If returning, type your email and password and then click ***Login***.
 - c) At the **Store Lobby** screen, click ***Shop by Agency***. Select ***Department of Social and Health Services*** and then select ***Health and Recovery Services Administration***.
 - d) Select ***Billing Instructions, Forms, Healthy Options, Numbered Memo, Publications, or Document Correction***. You will then need to select a year and then select the item by number and title.
2. **Fax/Call:** Dept. of Printing/Attn: Fulfillment at FAX (360) 586-6361/ telephone (360) 586-6360. (Orders may take up to 2 weeks to fill.)

Prescription Drug Program

Drug	Code	Criteria
Abilify® (aripiprazole)	015	All of the following must apply: <ul style="list-style-type: none"> a) There must be an appropriate DSM IV diagnosis; and b) Patient is 6 years of age or older.
Accutane® (isotretinoin)		Must not be used by patients who are pregnant or who may become pregnant while undergoing treatment. The following conditions must be absent : <ul style="list-style-type: none"> a) Paraben sensitivity; b) Concomitant etretinate therapy; and c) Hepatitis or liver disease.
	001	Diagnosis of severe (disfiguring), recalcitrant cystic acne, unresponsive to conventional therapy.
	002	Diagnosis of severe, recalcitrant acne rosacea in adults unresponsive to conventional therapy.
	003	Diagnosis of severe keratinization disorders when prescribed by, or in consultation with, a dermatologist.
	004	Prevention of skin cancers in patients with xeroderma pigmentosum.
	005	Diagnosis of mycosis fungoides (T-cell lymphoma) unresponsive to other therapies.
Adderall® (amphetamine/ dextro- amphetamine)	026	Diagnosis of Attention Deficit /Hyperactivity Disorder (ADHD) or Attention Deficit Disorder (ADD) and the prescriber is an authorized schedule II prescriber.
	027	Diagnosis of narcolepsy by a neurologist or sleep specialist, following documented positive sleep latency testing and the prescriber is an authorized schedule II prescriber.
	087	Depression associated with end-stage illness and the prescriber is an authorized schedule II prescriber.

Prescription Drug Program

Drug	Code	Criteria
Aggrenox[®] (<i>aspirin/dipyridamole</i>)	037	To reduce the risk of stroke in patients who have had transient ischemia of the brain or completed ischemic stroke due to thrombosis, and all of the following: a) The patient has tried and failed aspirin or dipyridamole alone; and b) The patient has no sensitivity to aspirin.
Aloxi[®] Injection (<i>palonosetron</i>)	129	Administered as a single dose in conjunction with cancer chemotherapy treatment
Altace[®] (<i>ramipril</i>)	020	Patients with a history of cardiovascular disease.
Ambien[®] (<i>zolpidem tartrate</i>)	006	Treatment of insomnia. Drug therapy is limited to 10 units in 30 days.
Ambien CR[®] (<i>zolpidem tartrate</i>)		See criteria for Ambien [®] .
Amitiza[®] (<i>lubiprostone</i>)	007	Treatment of chronic constipation. Must have tried and failed a less costly alternative.
Angiotensin Receptor Blockers (ARBs)	092	Must have tried and failed, or have a clinically documented intolerance to an angiotensin converting enzyme (ACE) inhibitor.
Atacand[®] (<i>candesartan cilexetil</i>) Atacand HCT[®] (<i>candesartan cilexetil/HCTZ</i>) Avalide[®] (<i>irbesartan/HCTZ</i>) Avapro[®] (<i>irbesartan</i>) Benicar[®] (<i>olmesartan medoxomil</i>) Cozaar[®] (<i>losartan potassium</i>) Diovan[®] (<i>valsartan</i>) Diovan HCT[®] (<i>valsartan/HCTZ</i>) Hyzaar[®] (<i>losartan potassium/HCTZ</i>) Micardis[®] (<i>telmisartan</i>) Micardis HCT[®] (<i>telmisartan/HCTZ</i>) Teveten[®] (<i>eprosartan mesylate</i>) Teveten HCT[®] (<i>eprosartan mesylate/HCTZ</i>)		

Drug	Code	Criteria
Fazaclo[®] (clozapine)	012	All of the following must apply: <ul style="list-style-type: none"> a) There must be an appropriate DSM IV diagnosis present as determined by a qualified mental health professional; and b) Patient is 18 years of age or older; and c) Must be prescribed by a psychiatrist, neurologist, or psychiatric ARNP with prescriptive authority approved for this drug class, or in consultation with one of the above; and d) Must have tried and failed generic clozapine.
Focalin[®] (dexamethylphenidate HCl)		See criteria for Concerta [®]
Focalin XR[®] (dexamethylphenidate HCl)	061	Diagnosis of Attention Deficit Hyperactivity Disorder (ADHD) and all of the following <ul style="list-style-type: none"> a) The prescriber is an authorized schedule II prescriber; b) Total daily dose is administered as a single dose; and c) The patient is six years of age or older.
Gabitril[®] (tiagabine HCl)	036	Treatment of seizures.
Geodon[®] (ziprasidone HCl)	046	All of the following must apply: <ul style="list-style-type: none"> a) There must be an appropriate DSM IV diagnosis; and b) Patient is 6 years of age or older.
 Note: Because Geodon [®] prolongs the QT interval (< Seroquel [®] > Risperdal [®] > Zyprexa [®]), it is contraindicated in patients with a known history of QT prolongation (including a congenital long QT syndrome), with recent acute myocardial infarction, or with uncompensated heart failure; and in combination with other drugs that prolong the QT interval.		
Geodon[®] IM Injection (ziprasidone mesylate)	058	All of the following must apply: <ul style="list-style-type: none"> a) Diagnosis of acute agitation associated with schizophrenia; b) Patient is 18 years of age or older; and c) Maximum dose of 40mg per day and no more than 3 consecutive days of treatment.
Glycolax[®] Powder (polyethylene glycol)	021	Treatment of occasional constipation. Must have tried and failed a less costly alternative.

Prescription Drug Program

Drug	Code	Criteria
Humira® (adalimumab)	026	Treatment of psoriatic arthritis when prescribed by a rheumatologist or dermatologist for patients who have tried and failed one or more DMARD. Dose not to exceed 40mg subcutaneously every 2 weeks if patient is also receiving methotrexate, or up to 40mg subcutaneously every week if patient is not receiving methotrexate concomitantly.
Humira Injection® (adalimumab)	028	Treatment of rheumatoid arthritis when prescribed by a rheumatologist for patients who have tried and failed one or more DMARD. Dose not to exceed 40mg subcutaneously every 2 weeks if patient is also receiving methotrexate, or up to 40mg subcutaneously every week if patient is not receiving methotrexate concomitantly.
Infergen® (interferon alfacon-1)	134	Treatment of chronic hepatitis C in patients 18 years of age and older with compensated liver disease who have anti-HCV serum antibodies and/or presence of HCV RNA.
Intron A® (interferon alpha-2b recombinant)	030	Diagnosis of hairy cell leukemia in patients 18 years of age and older.
	031	Diagnosis of recurring or refractory condyloma acuminata (external genital/perianal area) for intralesional treatment in patients 18 years of age and older.
	032	Diagnosis of AIDS-related Kaposi's sarcoma in patients 18 years of age and older.
	033	Diagnosis of chronic hepatitis B in patients 1 year of age and older.
	107	Diagnosis of malignant melanoma in patients 18 years of age and older.
	109	Treatment of chronic hepatitis C in patients 18 years of age and older.
Kadian® (morphine sulfate)	135	Diagnosis of follicular non-Hodgkin's lymphoma in patients 18 years of age and older.
	040	Diagnosis of cancer-related pain.
Keppra™ (levetiracetam)		See criteria for Gabitril®
Kineret Injection® (anakinra)	029	Treatment of rheumatoid arthritis when prescribed by a rheumatologist for patients 18 years of age and older who have tried and failed one or more DMARD. Daily dose not to exceed 100mg subcutaneously.

Prescription Drug Program

Drug	Code	Criteria
Oxandrin® (<i>oxandrolone</i>)		<p>Before any code is allowed, there must be an absence of all of the following:</p> <ul style="list-style-type: none"> a) Hypercalcemia; b) Nephrosis; c) Carcinoma of the breast; d) Carcinoma of the prostate; and e) Pregnancy. <p>110 Treatment of unintentional weight loss in patients who have had extensive surgery, severe trauma, chronic infections (such as AIDS wasting), or who fail to maintain or gain weight for no conclusive pathophysiological cause.</p> <p>111 To compensate for the protein catabolism due to long-term corticosteroid use.</p> <p>112 Treatment of bone pain due to osteoporosis.</p>
OxyContin® (<i>oxycodone HCl</i>)	040	Diagnosis of cancer-related pain.
Parcopa® (<i>carbidopa/levodopa</i> <i>a</i>)	049	<p>Diagnosis of Parkinson's disease and one of the following:</p> <ul style="list-style-type: none"> a) Must have tried and failed generic carbidopa/levodopa; or b) Be unable to swallow solid oral dosage forms.
PEG-Intron® (<i>peginterferon</i> <i>alpha 2b</i>)	109	Treatment of chronic hepatitis C in patients 18 years of age or older.
Pegasys® (<i>peginterferon</i> <i>alpha-2a</i>)	109	Treatment of chronic hepatitis C in patients 18 years of age or older.
Plavix® (<i>clopidogrel</i> <i>bisulfate</i>)	116	When used in conjunction with stent placement in coronary arteries. Supply limited to 9 months after stent placement.
	136	For use in patients with atherosclerosis documented by recent myocardial infarction, recent stroke, or established peripheral artery disease and have failed aspirin. A patient that is considered an aspirin failure has had an atherosclerotic event (MI, stroke, intermittent claudication) after the initiation of once-a-day aspirin therapy.

Prescription Drug Program

Drug	Code	Criteria
Pravachol[®] (<i>pravastatin sodium</i>)	039	Patient has a clinical drug-drug interaction with other statin-type cholesterol-lowering agents.
Prevacid[®] Solutab (<i>lansoprazole</i>)	050	Inability to swallow oral tablets or capsules.
Pulmozyme[®] (<i>dornase alpha</i>)	053	Diagnosis of cystic fibrosis and the patient is 5 years of age or older.
Raptiva[®] (<i>efalizumab</i>)	027	Treatment of plaque psoriasis when prescribed by a dermatologist for patients 18 years or older. Weekly dose is not to exceed 200mg subcutaneously.
Rebetol[®] (<i>ribavirin</i>)		See criteria for Copegus [®] .
Rebetron[®] (<i>ribavirin</i> /interferon <i>alpha-2b, recombinant</i>)	008	Treatment of chronic hepatitis C in patients with compensated liver disease who have relapsed following alpha interferon therapy.
	009	Treatment of chronic hepatitis C in patients with compensated liver disease.
Remicade Injection[®] (<i>infliximab</i>)	023	Treatment of Crohn's disease or ulcerative colitis when prescribed by a gastroenterologist in those patients who have tried and failed conventional therapy. Maximum dose is 10mg/kg given every 4 weeks.
Rena-Vite[®] Rena-Vite RX[®] (<i>folic acid/vit B</i> <i>comp W-C</i>)	096	Treatment of patients with renal disease.
ReVia[®] (<i>naltrexone HCl</i>)	067	Diagnosis of past opioid dependency or current alcohol dependency. Must be used as adjunctive treatment within a state-certified intensive outpatient chemical dependency treatment program. See WAC 388-805-610. For maintenance of opioid-free state in a detoxified person, treatment may be started only after a minimum of 7-10 days free from opioid use. Treatment period must be limited to 12 weeks or less, and the patient must have an absence of all of the following:

Washington Preferred Drug List

What is the Washington Preferred Drug List?

HRSA, in coordination with the Health Care Authority (HCA) and Labor & Industries (L & I), have developed a list of preferred drugs within a selected therapeutic class that are selected based on clinical evidence of safety, efficacy, and effectiveness.

HRSA requires pharmacies to obtain prior authorization for nonpreferred drugs when a therapeutic equivalent is on the preferred drug list(s) (PDL).

Note: HRSA changed the format for multiple drug listings. A slash (/) is used to denote multiple forms of a drug. For example: “Cardizem[®] /CD/LA/SR” represents immediate release Cardizem, as well as the CD, LA, and SR forms. A hyphen (-) is used to indicate combination products. For example: “Benazepril-HCTZ” represents the combination product of Benazepril and Hydrochlorothiazide, rather than Benazepril AND the combination product.

Drug Class	Preferred Drugs	Non-preferred Drugs
ACE Inhibitors	Generic: Captopril Enalapril Lisinopril Benazepril Brand: Altace [®] (<i>ramipril</i>)* *EPA required	Brand: Accupril [®] (<i>quinapril</i>) Aceon [®] (<i>perindopril</i>) Capoten [®] (<i>captopril</i>) Mavik [®] (<i>trandolapril</i>) Monopril [®] (<i>fosinopril</i>) Prinivil [®] (<i>lisinopril</i>) Univasc [®] (<i>moexipril</i>) Vasotec [®] (<i>enalapril</i>) Zestril [®] (<i>lisinopril</i>)
Antiemetics	Generic: Brand: Zofran [®] /ODT [®] (<i>ondansetron</i>)* tablet/solution/injection/IV *EPA required	Generic: Brand: Aloxi [®] (<i>palonosetron</i>) Injection* Anzemet [®] (<i>dolasetron</i>) tablet/injection* Kytril [®] (<i>granisetron</i>) tablet/solution/ injection* *EPA required

Prescription Drug Program

Drug Class	Preferred Drugs	Non-preferred Drugs
Antiplatelets (*Not subject to TIP. See pg. M.1.)	Brand: Aggrenox [®] (aspirin/dipyridamole)* Plavix [®] (clopidogrel bisulfate)* *EPA required	Generic: ticlopidine Brand: Ticlid [®] (ticlopidine)
Attention Deficit/Hyperactivity Disorder (*Not subject to TIP. See pg. M.1.)	Generic: amphetamine salt combo dextroamphetamine dextroamphetamine SA methylphenidate methylphenidate SA Methylin[®] (methylphenidate) Brand: Adderall XR [®] (amphet asp/amphet/d-amphet) Concerta [®] (methylphenidate) Focalin [®] (dexmethylphenidate) Focalin XR [®] (dexmethylphenidate) Metadate CD [®] (methylphenidate) Ritalin LA [®] (methylphenidate) Strattera [®] (atomoxetine hcl)	Generic: pemoline Brand: Adderall [®] (amphet asp/amphet/d-amphet) Dexedrine [®] (d-amphetamine) Dexedrine SA [®] (d-amphetamine) Dextrostat [®] (d-amphetamine) Metadate ER [®] (methylphenidate) Methylin[®] (methylphenidate) chewable/solution Methylin ER [®] (methylphenidate) Ritalin [®] (methylphenidate) Ritalin SR [®] (methylphenidate)

Prescription Drug Program

Drug Class	Preferred Drugs	Non-preferred Drugs
Beta Blockers	<p>Generic: Atenolol Metoprolol Nadolol Pindolol Propranolol /ER Timolol</p> <p>Brand: Coreg[®] (<i>carvedilol</i>)*</p> <p>*EPA required</p>	<p>Generic: Acebutolol Betaxolol Bisoprolol Labetalol</p> <p>Brand: Blocadren[®] (<i>timolol</i>) Cartrol[®] (<i>carteolol</i>) Corgard[®] (<i>nadolol</i>) Inderal[®] /LA (<i>propranolol</i>) Innopran XL[®] (<i>propranolol</i>) Kerlone[®] (<i>betaxolol</i>) LevatoI[®] (<i>penbutolol</i>) Lopressor[®] (<i>metoprolol</i>) Normodyne[®] (<i>labetalol</i>) Sectral[®] (<i>acebutolol</i>) Tenormin[®] (<i>atenolol</i>) Toprol XL[®] (<i>metoprolol succinate</i>) Trandate[®] (<i>labetalol</i>) Visken[®] (<i>pindolol</i>) Zebeta[®] (<i>bisoprolol</i>)</p>

Prescription Drug Program

Drug Class	Preferred Drugs	Non-preferred Drugs
Calcium Channel Blockers	Generic: Diltiazem /XR Nifedipine XR Verapamil /XR Brand: Norvasc [®] (<i>amlodipine</i>)	Generic: felodipine nicardipine Brand: Adalat [®] /CC (<i>nifedipine</i>) Calan [®] /SR (<i>verapamil</i>) Cardene [®] /SR (<i>nicardipine</i>) Cardizem [®] /CD/LA/SR (<i>diltiazem</i>) Cartia XT [®] (<i>diltiazem</i>) Dilacor [®] XR (<i>diltiazem</i>) Diltia XT [®] (<i>diltiazem</i>) DynaCirc [®] /CR (<i>isradipine</i>) Isoptin [®] /SR (<i>verapamil</i>) Plendil [®] (<i>felodipine</i>) Procardia [®] /XL (<i>nifedipine</i>) Sular [®] (<i>nisoldipine</i>) Taztia XT [®] (<i>diltiazem</i>) Tiazac [®] (<i>diltiazem</i>) Vascor [®] (<i>bepidil</i>) Verelan [®] /PM (<i>verapamil</i>)
Drugs to treat Alzheimer's Disease	Brand: Aricept [®] (<i>donepezil</i>) Exelon [®] (<i>rivastigmine</i>) Razadyne [®] (<i>galantamine</i>) Namenda [®] (<i>memantine</i>)	Cognex[®] (tacrine)

Prescription Drug Program

Drug Class	Preferred Drugs	Non-preferred Drugs
Estrogens	<p>Generic: estradiol tablets</p> <p>Brand: Menest[®] (<i>esterified estrogens</i>) Premarin[®] cream (<i>conjugated equine estrogen vaginal cream</i>)</p>	<p>Generic:</p> <p>Brand: Cenestin[®] (<i>synthetic conjugated estrogens</i>) Climara[®] (<i>estradiol</i>) transdermal Esclim[®] (<i>estradiol</i>) transdermal Estrace[®] (<i>estradiol</i>) oral/vaginal Estraderm[®] transdermal Estring[®] (<i>estradiol</i>) vaginal ring Femring[®] (<i>estradiol</i>) vaginal ring Ogen[®] (<i>estropipate</i>) Premarin[®] (<i>conjugated estrogens</i>) oral Vagifem[®] (<i>estradiol</i>) vaginal tablets Vivelle[®]/DOT (<i>estradiol</i>) transdermal</p>
Histamine-2 Receptor Antagonist (H2RA) (*Not subject to TIP. See pg. M.1.)	<p>Generic: ranitidine</p>	<p>Generic: cimetidine famotidine nizatidine</p> <p>Brand: Axid[®] (nizatidine) Pepcid[®] (famotidine) Tagamet[®] (cimetidine) Zantac[®] (ranitidine)</p>

Drug Class	Preferred Drugs	Non-preferred Drugs
Inhaled Corticosteroids	Generic: Brand: Aerobid/Aerobid-M [®] (flunisolide MDI) Azmacort [®] (triamcinolone acetone MDI) Flovent [®] (fluticasone propionate MDI) Flovent Rotadisk [®] (fluticasone propionate DPI) Qvar [®] (beclomethasone dipropionate MDI) Pulmicort Respules [®] (budesonide inhalation suspension)	Generic: Brand: Pulmicort Turbuhaler [®] (budesonide DPI)
Insulin-release stimulant type oral hypoglycemics	Generic immediate release: glyburide glipizide glyburide micronized	Generic: chlorpropamide tolazamide tolbutamide glipizide XR Brand: Amaryl [®] (<i>glimepiride</i>) Diabinese [®] (<i>chlorpropamide</i>) DiaBeta [®] (<i>glyburide</i>) Glucotrol [®] /XR (<i>glipizide</i>) Glynase [®] (<i>glyburide micronized</i>) Tolinase [®] (<i>tolazamide</i>) Micronase [®] (<i>glyburide</i>) Orinase [®] (<i>tolbutamide</i>) Prandin [®] (<i>repaglinide</i>) Starlix [®] (<i>nateglinide</i>)

Prescription Drug Program

Drug Class	Preferred Drugs	Non-preferred Drugs
Long-Acting Opioids (oral tabs/caps/liquids) (*Not subject to TIP. See pg. M.1.)	Generic: methadone morphine sulfate SA/SR	Generic: levorphanol oxycodone ER Oramorph SR fentanyl transdermal Brand: Avinza [®] (<i>morphine sulfate ER</i>) Duragesic [®] (<i>fentanyl</i>) transdermal Kadian [®] (<i>morphine sulfate SR</i>) Levo-Dromoran [®] (<i>levorphanol</i>) MS Contin [®] (<i>morphine sulfate SA</i>) OxyContin [®] (<i>oxycodone ER</i>)
Non-Sedating Antihistamines (*Not subject to TIP. See pg. M.1.)	Generic: loratadine OTC Brand:	Generic: Brand: Allegra [®] (<i>fexofenadine</i>) Clarinox [®] (<i>desloratadine</i>) Claritin [®] (<i>loratadine</i>) Zyrtec [®] (<i>cetirizine</i>)

Prescription Drug Program

Drug Class	Preferred Drugs	Non-preferred Drugs
Nonsteroidal anti-inflammatory drugs (NSAID) Cyclo-oxygenase - 2 (Cox-II) Inhibitors	Generic: diclofenac potassium diclofenac sodium etodolac /XL fenoprofen flurbiprofen ibuprofen indomethacin ketoprofen nabumetone naproxen sodium oxaprozin piroxicam salsalate sulindac tolmetin	Generic: Brand: Anaprox [®] /DS (<i>naproxen sodium</i>) Ansaid [®] (<i>flurbiprofen</i>) Bextra [®] (<i>valdecoxib</i>) Cataflam [®] (<i>diclofenac potassium</i>) Celebrex [®] (<i>celecoxib</i>) Clinoril [®] (<i>sulindac</i>) Daypro [®] (<i>oxaprozin</i>) Feldene [®] (<i>piroxicam</i>) Lodine [®] /XL (<i>etodolac</i>) Mobic [®] (<i>meloxicam</i>) Motrin [®] (<i>ibuprofen</i>) Naprelan [®] (<i>naproxen</i>) Naprosyn [®] /DS (<i>naproxen</i>) Orudis [®] (<i>ketoprofen</i>) Oruvail [®] (<i>ketoprofen</i>) Relafen [®] (<i>nabumetone</i>) Salflex [®] (<i>salsalate</i>) Voltaren [®] /XL (<i>diclofenac sodium</i>)
Overactive Bladder/Urinary Incontinence	Generic short acting: oxybutynin tablets/syrup Brand long acting: Vesicare [®] (<i>solifenacin succinate</i>)	Generic short acting: flavoxate Brand short acting: Detrol [®] (<i>tolterodine tartrate</i>) Ditropan [®] (<i>oxybutynin chloride</i>) Sanctura [®] (<i>trospium chloride</i>) Urispas [®] (<i>flavoxate hcl</i>) Brand long acting: Detrol LA [®] (<i>tolterodine tartrate</i>) Ditropan XL [®] (<i>oxybutynin chloride</i>) Enablex [®] (<i>darifenacin hydrobromide</i>) Oxytrol [®] (<i>oxybutynin chloride</i>)

Prescription Drug Program

Drug Class	Preferred Drugs	Non-preferred Drugs
Proton Pump Inhibitors	Generic: Prilosec OTC [®] <i>(omeprazole)</i> tablets Prevacid [®] <i>(lansoprazole)</i> capsules Prevacid [®] SoluTab <i>(lansoprazole)</i> * Prevacid [®] Suspension <i>(lansoprazole)</i> * *EPA required	Generic: omeprazole Rx Brand: Aciphex [®] <i>(rabeprazole)</i> Nexium [®] <i>(esomeprazole)</i> Prilosec [®] Rx <i>(omeprazole)</i> Protonix [®] <i>(pantoprazole)</i> Zegerid [®] <i>(omeprazole)</i>
Second Generation Antidepressants <i>*not subject to therapeutic interchange program (TIP).</i>	Generic: bupropion/SR** citalopram fluoxetine HCl mirtazapine/soltab paroxetine HCl	Generic: fluvoxamine nefazodone Brand: Celexa [®] (citalopram) Cymbalta [®] (duloxetine HCl) Effexor [®] /XR (venlafaxine) Lexapro [®] (escitalopram oxalate) Luvox [®] (fluvoxamine) Paxil [®] /CR (paroxetine HCl) Pexeva [®] (paroxetine mesylate) Prozac [®] /Prozac Weekly [®] (fluoxetine HCl) Remeron [®] /soltab (mirtazapine) Serzone [®] (nefazodone) Wellbutrin [®] /SR/XL (bupropion/SR) Zoloft [®] (sertraline)

Prescription Drug Program

Drug Class	Preferred Drugs	Non-preferred Drugs
Skeletal Muscle Relaxants	Generic: baclofen cyclobenzaprine methocarbamol	Generic: carisoprodol chlorzoxazone orphenadrine tizanidine Brand: Dantrium [®] (<i>dantrolene</i>) Flexeril [®] (<i>cyclobenzaprine</i>) Lioresal [®] (<i>baclofen</i>) Norflex [®] (<i>orphenadrine</i>) Parafon Forte [®] (<i>chlorzoxazone</i>) Robaxin [®] (<i>methocarbamol</i>) Skelaxin [®] (<i>metaxalone</i>) Soma [®] (<i>carisoprodol</i>) Zanaflex [®] (<i>tizanidine</i>)
Statin-type cholesterol-lowering agents	Generic: lovastatin Brand: Lipitor [®] (<i>atorvastatin</i>) Pravachol [®] (<i>pravastatin</i>)	Generic: Brand: Lescol [®] /XL (<i>fluvastatin</i>) Mevacor [®] (<i>lovastatin</i>) Zocor [®] (<i>simvastatin</i>)
Targeted Immune Modulators	Generic: Brand: Enbrel [®] (<i>etanercept</i>)* Remicade [®] (<i>infliximab</i>)* *EPA required	Generic: Brand: Humira [®] (<i>adalimumab</i>)* Kineret [®] (<i>anakinra</i>)* Raptiva [®] (<i>efalizumab</i>)* *EPA required

Prescription Drug Program

Drug Class	Preferred Drugs	Non-preferred Drugs
Triptans	Generic: Brand: Amerge [®] (<i>naratriptan</i>) Axert [®] (<i>almotriptan</i>) Frova [®] (<i>frovatriptan</i>) Imitrex [®] injection (<i>sumatriptan</i>) Imitrex [®] nasal spray (<i>sumatriptan</i>) Imitrex [®] tablets (<i>sumatriptan</i>) Maxalt MLT [®] (<i>rizatriptan</i>) Relpax [®] (<i>eletriptan</i>) Zomig [®] /ZMT (<i>zolmitriptan</i>)	Generic: Brand: Maxalt [®] (<i>rizatriptan</i>) Zomig [®] nasal spray (<i>zolmitriptan</i>)

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